

**NOTICE OF ACTION**

ES-3106  
10-99

To: \_\_\_\_\_

Address: \_\_\_\_\_

Distribution:

☐ Cash ☐ Medical ☐ FA ☐ VR ☐ CSS

☐ SS ☐ Other: \_\_\_\_\_

The action described below applied to the following category of assistance:

☐ Cash Assistance ☐ Medical Assistance ☐ Food Assistance ☐ Child Care ☐ Other: \_\_\_\_\_

☐ The above is in accordance with the following manual references (advetse action only):

\_\_\_\_\_

☐ Your Economic and Employment Services Specialist is \_\_\_\_\_".  
Who can be reached at \_\_\_\_\_ to answer any questions you may have about your case.  
Please see the reverse side for IMPORTANT information.

Local Office: \_\_\_\_\_

Signature/Date: \_\_\_\_\_